



YOUTH SERVICES  
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

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STATE OF MONTANA

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[Insert RAOs Address]  
TELEPHONE: (406) [insert phone #]  
FAX: (406) [insert fax #]  
[insert RAOs email address]

[Insert RAOs Name]

\*\*\* NOTICE CONCERNING FINANCIAL SUPPORT \*\*\*

[DATE]

[NAME]

[ADDRESS]

[CITY/STATE/ZIP]

YOUTH'S NAME: [NAME]

Dear [Mr / Mrs / Ms]:

The Youth Court is required by **Section 41-5-1525, MCA**, to assess your ability to contribute to the cost of out-of-home placement of your child. If the Youth Court determines you are able to contribute to the support of your child, I will assist in determining the amount using the Montana Child Support Guidelines adopted by the Department of Public Health and Human Services. Please complete the **enclosed** Financial Affidavit, and return it to me no later than [DATE - give ten days].

You must include copies of your pay stubs for the last three months and/or full copies of your federal income tax returns, including all schedules and W-2 forms, for the preceding two years. It is important for me to determine your most accurate income status. If you are self-employed or work seasonally, you must include income tax returns. DOC, the Youth Court and I will maintain the confidentiality of this information. It is to your advantage to complete the forms thoroughly and accurately. Failure to do so may be considered contempt of court. Additionally, failure to supply the required financial information will result in a contribution determination being made using standard guidelines rather than those that may better meet your financial situation.

Again, please return or mail all requested information to the above noted address by [DATE]. If you have questions or need assistance in completing the form, please contact me.

Sincerely,

[NAME]

Regional Administrative Officer